Douglas R. Seastrand me (print) Office (if	applicable)	ersity Re	Dis	ctrict (if applicable)
1940 Spanish Garden C	t La	is Vegas,	W 8971	0 702-452-
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Mail-Address				
lect Appropriate Box(es) XCANDIDATE PAC BAG	G □ POL PRT	r ∐IND EXP ☐ /	AMENDED AN	NUAL FILING
Annual Filing - Due January 15, 200 Period: January 1, 2003 - December 31, 2003	04			. / 10
Period: January 1, 2003 – December 31, 2003		-11	to#	
Report #1 — Due August 31, 2004		FI!	OCT 26	2004
	2001 — Aug 26, 2), 1998 — Aug 26,		OCT 20	
Il others Period: Jan. 1,	2004 – Aug. 26, 2 , 2002 – Aug 26, 2		317 NTGE	OF SIMIC
	, 3 ;-		DEAN HELL LR. SE	CRETAIN
Report #2 Due — October 26, 2004 Period: Aug. 27	7, 2004 — Oct. 21	, 2004	FOR OF	FICE USE ONLY
Report #3 Due — January 15, 2005*				
	2, 2004 Dec. 31 2, 2004 <i>-</i> Dec. 5, 2			
Annual Filing – Due January 15, 2005				
Period: January 1, 2004 – December 31, 20 Third Report suffices for 2005 Annual Filing if car	04 odidata alaa fii	led Report Non	1 and 2	
Think Report surness for 2005 Annual Filing II Car	idiualo also III	ou nopoit 1103.		
CONTRIBUTIONS SUMMARY				Cumulative From Beginning
CONTRIBUTIONS SUMMART			This Period	of Report Period #1 through End
				of This Reporting
Total Monetary Contributions Received in Excess	of \$100		0	Period
				0
Total Monetary Contributions Received of \$100 or	Less		O_	
	This Period	Cumulative From Beginning of		
		Report Period #1 Through End of		
		This Reporting Period		
Total Amount of Monetary Contributions Received				
(Add Lines 1 and 2)		t		0
 Total Value of In Kind Contributions Received in Excess of \$100 	0	0	· -	
FYI	PENSES SU	MMARY		
			0	0
 Total Monetary Expenses Paid in Excess of \$100 Total Monetary Expenses Paid of \$100 or Less 	1		0	0
7. Total Amount of All Monetary Expenses Paid				
(Add Lines 5 and 6) 8. Total Value of In Kind Expenses in Excess		1		1 0
of \$100	0	⊥ 0	-	
	AFFIRMAT	ION		
Declare Under Penalty of Perjury That the Foregoing	j is True and C	orrect.		
			10-2	2-06
Dong K Seastran			Date	2 0/

Douglas	R. Seastvand	University	Regent	6
Name (print)	Office	(if applicable)		District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
None			
· · · · · · · · · · · · · · · · · · ·			

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PAGE 2 OF 5

R. Seastrand Douglas Name (prior)

Office (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	н
** Goods and services provided in kind for which money would otherwise have been paid	ı
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	к

^{**} NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

Dounlas	R.	Seastrand	University	Rey	ent	6	
lame (print)		Office (if applicable)	J	J	District (i	fapplicable	е

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
none		_	_

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PAGE_____OF______

Seastvand Douglas Name (print) Office (if applicable)

University

District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
None	_		_	_
				·
				:
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